

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43660

BIRTH NO. _____		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 3047		Registrar's No. 1			
1. PLACE OF DEATH a. COUNTY NEWTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEWTON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEOSHO		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEOSHO		0732			
d. FULL NAME OF HOSPITAL OR INSTITUTION: SALE MEMORIAL HOSP				d. STREET ADDRESS (If rural, give location) 603 So. JEFFERSON ST.					
3. NAME OF DECEASED (Type or Print)		a. (First) ARTIE		b. (Middle) ELEANOR		c. (Last) OWSLEY			
4. DATE OF DEATH		DEC. 30. 1950		5. SEX FEMALE		6. COLOR OR RACE WHITE			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH DEC. 15. 1890		9. AGE (In years last birthday) 60		10. MONTHS 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWIN HOME		11. BIRTHPLACE (State or foreign country) JENNY LIND, ARKANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Z.D. FOOTE		13b. MOTHER'S MAIDEN NAME BELLE HANNAH		14. NAME OF HUSBAND OR WIFE ERNEST S. OWSLEY					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E.S. OWSLEY NEOSHO MO.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast with Metastasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic lesions of Lungs & Intestinal tract. DUE TO (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None 170X				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 2-17, 1950, to 12-30, 1950, that I last saw the deceased alive on 12-30, 1950, and that death occurred at 4:35 a.m., from the causes and on the date stated above.									
23a. SIGNATURE Melvin C. Bowman		(Degree or title) M.D.		23b. ADDRESS Neosho, Mo.		23c. DATE SIGNED Jan 8-51.			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-2-1951		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.		24d. LOCATION (City, town, or county) (State) NEOSHO MISSOURI			
DATE REC'D BY LOCAL REG. Jan 8. 1951		REGISTRAR'S SIGNATURE Melvin C. Bowman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		Barry Thompson neosho mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. Newton Co. Health Dept.
District File Number 451-24
Date Filed 11/17/51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Carey Thompson Jr., Student Embalmer No. 384
working under my personal supervision.

Student Carey Thompson Jr.
Student Embalmer

Signed Carey Thompson Jr.
Licensed Embalmer No. 3259

P. O. Address Newark, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.